

**2<sup>ND</sup> ARIZONA STATEWIDE TRIBAL, IHS, AZDHS, CDC RMSF MEETING**

# **ANIMAL CONTROL / VETERINARY PROGRAM COMMITTEE**

*Developmental steps and resource needs for the development  
of comprehensive animal control programs*

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# OPENING STATEMENT

## Animal Control and Veterinary Program

- **Animal Control is an issue in Indian Country that has not been given it's due attention, importance and resources.**
- **Be it because it's cultural and that its non-human, it gets ignored until a crisis arises.**
- **It is this lack of an established Animal Control Program that Rocky Mountain Spotted Fever (RMSF) and other zoonotic problems have flourished.**
- **Thus the decision to establish an Animal Control Program needs to be tempered with not only the crisis at hand, but also with the concerns and needs of the Tribes future.**
- **It is with this in mind, we offer the following information to be considered in the development of an Animal Control Program and protocol for dealing with RMSF.**



# I. DEVELOPMENT OF AN ANIMAL CONTROL PROGRAM

## Animal Control and Veterinary Program

- Decision needs to be made as to what you want the Program to focus on
  - **Public Health:** Primary concern is zoonotic diseases (Rabies, RMSF, Lyme Disease, etc.)
  - **Enforcement:** Primary concern is ensuring ordinance compliance
- Difference is:
  - **Public Health** has a mindset of **prevention**. Stopping the transmission of a zoonotic disease. In order to accomplish this task, some tools used are education, warnings and public health enforcement of laws/ordinances.
  - **Enforcement** has the mindset to deal with **animal related issues** as “breaking the law” and use of enforcement first with minimal or no thought of public health issues.
- Combining both is best to consider



# I. DEVELOPMENT OF AN ANIMAL CONTROL PROGRAM

## Animal Control and Veterinary Program

### PUBLIC HEALTH

### VS.

### ENFORCEMENT

- **Pros**

- Puts the public first
- Treatment of victims takes precedence
- Looked up to as good

- **Cons**

- It is not total enforcement
- Can't deal with biggest "the meat" of the problem in zoonotic disease
- Nobody wants to deal with it
- Puts animals last

- **Pros**

- Puts animals first
- No ambiguity
- Takes care of the "meat" of the problem

- **Cons**

- Not Public Health
- Looked down upon
- Human aspect is almost zero
- Do not consider pets as a member of the Family



# II. DECISIONS TO BE MADE

## Animal Control and Veterinary Program

### A. Decisions to be made before and after Program implementation:

- Program position
  - *If not already decided*, which area should the Program be situated (Public Health, Law Enforcement, Natural Resources, or other areas)
- Laws (ordinance, resolutions)
  - Should be tailored to the needs of the Tribe and in support of what the main focus will
  - Ensure sections have been included within the laws that will allow for extra enforcement of zoonotic issues when needed
- Impoundment of animals
  - Facility, length of stay for various categories
- Euthanasia
  - When, by whom, disposal
- Release to owners
  - Fees, vaccinations
- Adoptions
  - Fees, refunds
- Rescue groups
- Veterinary care
  - Vaccinations, parasite control, health care, spay/neuter capability



## II. DECISIONS TO BE MADE

### Animal Control and Veterinary Program

#### A. Decisions to be made before and after Program implementation (continued):

- Monitoring for diseases (working with other health related programs whether it be local, county, state, federal)
- Development of network with public health related entities
- Realistic number of employees to deal with size of reservation (time for travel, number of animals within community, wants/needs of Tribal members and leadership)
- Education (owner responsibility; importance of spaying/neutering, cultural issues)
- Budget (startup and recurring annual costs such as facility, vehicles, equipment, personnel, supplies, fuel, vaccine, animal food, repairs & maintenance)
- Revenue (services and fees charged reverted back to Program to help offset expenditures)
- Should the Animal Control Program & Veterinary Services be separate



# III. DEVELOPMENT OF AN RMSF RESPONSE

## Animal Control and Veterinary Program

### A. Develop a coalition of the following entities

- Animal Control/Veterinary Program
- Environmental Health
- Epidemiologist
- Health Education
- Public Health Nurses
- Physicians
  - IHS, Hospital Corporation, etc.
- Leadership Representation
  - Administration &/or Council representative

### COMMUNITY RESOURCES

- Emergency Management
- Community Housing
- Public Works
- Corrections
- Districts/Chapters
- Transportation

### OUTSIDE RESOURCES

- CDC
- IHS
- ADHS
- Counties
- RAVS
- National Animal Control Association
- National Humane Society





# III. DEVELOPMENT OF AN RMSF RESPONSE

## Animal Control and Veterinary Program

### B. Declaration of An Emergency

- **Community/Reservation wide or Departmental**
- **Emergency Operations Center (EOC) activated or convene Departmental EOC (depending on which level the emergency is rated)**
  - Decide which coalition members need to be involved
  - Initial evaluation of situation and preliminary analysis
  - Funding sources available
    - local, state, federal
  - Resources Available
    - local, state, federal, private
  - Diagnostics
    - federal, state, private



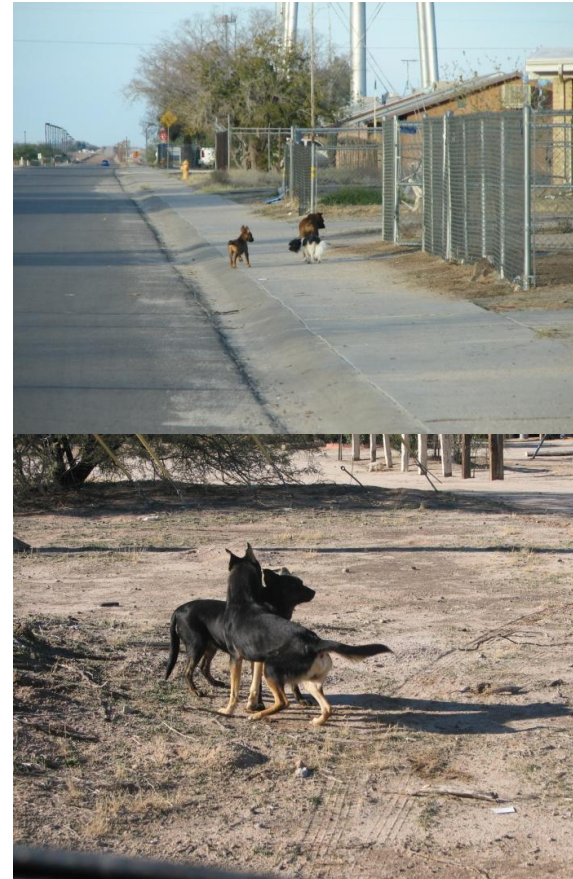


## Animal Control and Veterinary Program

## RESPONSE PLAN

## Animal Control/Veterinary Program

- **Evaluate Target Area**
  - Assess target area for number of roaming dogs and their condition
  - Blood draws
- **Decide what type of tools to use**
  - Ordinance enforcement such as roaming dogs, limit of K-9s
  - Evaluate most feasible means to capture and /or contain roaming dogs (owned & stray)
  - Tick control measures
    - Mass tick dipping
    - Other tick control measures such as topical and collars



# III. DEVELOPMENT OF AN RMSF RESPONSE

## Animal Control and Veterinary Program

### RESPONSE PLAN (CONTINUED)

#### Animal Control/Veterinary Program

- **Education**
  - Distribution of educational material dealing with RMSF
    - 1 on 1
    - Brochures
    - Flyers
    - PSA's
    - Radio
    - TV
    - Utility bills
- **Meet with Stakeholders**
  - Discuss plan
  - Coordinate efforts
- **Finalize plan for implementation**



# PLAN IMPLEMENTATION

## Animal Control and Veterinary Program

### 1. Address residents in Target Area

- Mass meeting
- Door to door

### 2. Set up mobile tick dip station near target area

### 3. Have ACOs make initial sweep of roaming dogs

### 4. Conduct door to door campaign

- Offer rabies vaccination/health shots
- Request permission to draw blood for RMSF testing
- Complete survey with animal information for history
- Put a tick collar on dog before leaving
- Document dogs that look sick

### 5. Set up ACO follow-up in Target Area

- Roaming dogs
- Check on sick dogs

### 6. Evaluate results from RMSF testing

- Determine whether control measures need to be increased or simply maintained
- Visit households where positive dog cases were identified
  - Evaluate animal
  - Treat if deemed appropriate

### 7. Continual monitoring by Program for roaming and sick dogs

- Set time intervals as deemed necessary



# PLAN IMPLEMENTATION (CONTINUED)

## Animal Control and Veterinary Program

### 8. Follow-Up

- Conduct another RMSF blood draw approximately 6 months after initial testing
- a) **Looking for evidence of current control measures containing the disease**
- b) **Conduct mini vaccination clinics**
  - Request blood draws
  - Conduct animal history survey
  - Offer tick control such as tick dips, tick collars or topicals
- c) **Evaluate results**
  - If contained, maintain current control measures
  - If spread, re-evaluate and increase control measures
  - Visit households of positive results
    - Evaluate dogs health
    - Treat as deemed necessary
  - Evaluate surrounding of household
    - Look for causes of ticks and contact other Programs that may deal with issue(s).
- d) **Conduct RMSF blood draws as deemed appropriate to measure containment and effectiveness of control measures.**



# **Q & A**

**THANK YOU**